

THE CLINIQUE.

VOL. XVIII.]

CHICAGO, APRIL 15, 1897.

[No. 4.]

Original Lectures.

GLAUCOMA.

A CLINICAL LECTURE DELIVERED DECEMBER, 1896, BY C. GURNEE FELLOWS, M. D., PROFESSOR OF OPHTHALMOLOGY, ETC., IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

I have to-day some interesting cases to show you, which ought to be particularly instructive, as we have three of a kind, varying in their symptoms, prognosis and treatment, but which will enable me to give you an idea of the varying methods of treatment. The disease that I have reference to is glaucoma. I do not expect to tell you all there is to know about glaucoma, but I want to call your attention to these cases with a little running commentary on each:

Case 1. John B., aged thirty-two, received an injury some months ago, as a result of which he lost his sight, and now presents the following conditions: Cornea completely opaque, ciliary region injected, increased intra-ocular tension, bulging of the anterior portion of the eyeball, called staphyloma; diagnosis secondary, traumatic, glaucoma. The prognosis is unfavorable and the treatment must be by enucleation, which we will proceed to do in a little while.

Case 2. Mrs. G., aged fifty, presents herself for advice with the following conditions: Has suffered from repeated attacks of neuralgia, pain in and about the eye, sometimes better and sometimes worse, coming and going, for which

she has received treatment from her family physician, but with the gradual failure of sight. We will examine her in your presence. The other eye is comparatively well, and hence we cover it with a bandage while making the test. With the patient's back to the light we throw the rays of light from a hand mirror into her eye, and she does not know the difference between daylight and dark. The cornea looks steamy and somewhat opaque, but is still partially transparent. The eye has a staring, bulging look, but shows no especial signs of external inflammation, upon inspection. With our index fingers we test the tension, as you have already learned to do, and find that it is plus 2. By an ophthalmoscopic examination, which I made before coming upstairs, we find extreme cupping of the optic disk, and here we have all of the signs of unmistakable glaucoma. The prognosis is grave. There is no hope of sight even by operation, and as the inflammation is apparently past we will do nothing unless the pain returns, when we will reduce the tension and practically control the pain by paracentesis, frequently repeated, or by iridectomy.

Case 3. Mrs. M., aged twenty-four, has still another variety of the same disease. She, too, has had headache and pain in her eyes, off and on, for four or five years, coming and going, and the examination reveals her present condition to be as follows: Pupils dilated, reacting sluggishly to the light, vision $\frac{1}{200}$, tension plus 1. Ophthalmoscopic examination reveals very marked clean cut cupping of the optic disk. The prognosis of this case is entirely different from either of the other two. In the first place she is younger, and has a better chance of reaction; in the second place, she still has some vision left; and in the third place, she has had such attacks before, and gotten over them to a great extent. We will prescribe for her a solution of eserine sulphate, 1 grain to the ounce, a drop to be instilled into the eye three times a day, and an internal prescription of gelsemium 1x every two hours.

Glaucoma is characterized by increased intra-ocular tension, and as a result of this tension the pain is more or less severe, though intermittent. We have, in the history of two of these cases, this return of pain from time to time, and I call your especial attention to it, so that, if in your future practice you have cases of apparent neuralgia, severe and increasing in intensity, you look especially at

the tension of the eye that it does not increase upon you insidiously.

I have already spoken to you of the method of taking the tension, but will call your attention to it again. With the two index fingers press gently upon the eye of the patient, who looks toward the floor, with a sort of palpation, while the other fingers of your hand rest gently upon the forehead. By taking the tension of normal eyes, you will be able to judge of increased or decreased tension. Some of you are taking the ophthalmoscopic course, and will be able to make an ophthalmoscopic diagnosis, but if you are not, you should recognize a case without it. Here are some of the typical symptoms: Increased tension, haziness of the cornea, dilated pupil, halo around artificial lights, recurrent pain, unsatisfactory correction of vision by glasses, etc., with all of which you are more or less familiar. As to treatment, eserine, the typical myositic, has the name of being able to reduce tension, and we have proved it sufficiently often to know that it does.

The world is skeptical as to the value of any treatment outside of operation. We have a good many reports in our homœopathic literature as to the value of homœopathic remedies in all diseases, and among them glaucoma. In the case above mentioned, I believe we have further confirmation of such facts, for, at the time of publishing this lecture, the third case above mentioned has improved in vision to $\frac{10}{80}$, her pain has been less, and also at times the tension is nearly normal or quite so, and in spite of advice she reads and sews. We have used during the winter almost constantly gelsemium 1x, with occasional doses of spigelia 3x, and in each case the pain has disappeared, the tension has been lessened, and vision has improved. Probably no one remedy is as valuable as gelsemium, but from the pathology, we should expect bryonia to be useful at times, also apis, colchicum, rhus tox., etc.

I want to particularly caution you against the operative fever. Conservative surgery here is the same as it is everywhere, but not to be carried to the extent of failing

to operate when it is demanded. The first case seen demands an operation; in the second it is allowable, but probably not necessary; in the third, I believe, it would be radically wrong. Furthermore, I wish especially to emphasize the value of our homœopathic remedies in the treatment of eye diseases. By our local applications, we can cure many diseases; by our homœopathic remedies we can also cure many diseases, but by the judicious combination of both, we can accomplish the best results. As you notice our methods in this clinic, as a rule, are to give the mildest local treatment consistent with the case in hand, ordinarily, simple harmless antiseptics. At the same time with the conjunction of a homœopathic remedy, and we see so often confirmation of the value of arsenicum, argentum, etc., etc., that we can but depend upon them.

THE SURGICAL DISEASES OF WOMEN.*

EXTRACTS FROM PROF. LUDLAM'S CLINIC IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

REPORTED BY CORNELIA S. STETTLER, M. D.

FOUR SPECIAL CASES OF VAGINAL HYSTERECTOMY WITH THREE RECOVERIES AND ONE DEATH.—Wednesday, March 10. During the past week I have made four vaginal hysterectomies in my clinic, two of which were for pelvic supuration, one for multiple fibromata, and one for uterine cancer.

Case 27,044 was sent to the hospital by Dr. F. L. Tribon. Mrs. —, æt. twenty-two, puberty at thirteen, married at twenty, had a child four months ago, the labor being normal and lasting about seven hours. Twenty-four hours before parturition she was seized with frontal headache, vertigo, dimness of vision and nausea, and then with a convulsion, of which she had three in all, twenty minutes apart, after which labor set in. The placenta was adherent and had to be removed by the hand. On the fourth day of the puerperium she had a chill with a rising temperature,

*Continued from page 59.

and in the second week a bad diarrhœa. Thirty-two days after confinement an abscess broke from the left side into the vagina. Shortly after another abscess was opened in the same locality that discharged less freely. Pus also escaped in considerable quantity from the rectum. Then for awhile she gained in strength and gradually got about; but a fortnight ago she was taken with cramps throughout the abdomen, loss of appetite and emaciation, great thirst and an abscess has evidently developed in the right side of the pelvis. Her temperature has varied from 100° to 103° , and the pulse from 120 to 170.

Operation. March 8. A vaginal hysterectomy showed that although the vaginal cervix was intact the remainder of the womb was so friable and adherent that it had to be taken piecemeal, and the fundus uteri was so attached and so impossible of complete removal that a portion of its vault had to be left behind. Both ovarian sacs, which discharged a large quantity of pus, especially the right one which had not been emptied before, were thoroughly broken up but could not be detached. The left sac had an opening into the rectum that was large enough to admit the tip of the index finger. At the beginning of the operation her temperature was 103° and her pulse 140.

Case 27,045, also from Dr. Tribon, was æt. thirty-one, puberty at fourteen, married at twenty-one, has one child now eight years old. After the first menstrual period she caught cold and did not flow again for two years, from which time the periods were irregular, painful, scanty, and lasted for from five to ten days. The labor was tedious, thirty hours in duration, a footling case with laceration of the soft parts. She got up and went about her work on the eighth day, but has never been well since. Four years ago she had a trachelorrhaphy, and two weeks later had an attack of bilious colic, followed by typhoid fever (?) in which her temperature reached 104° . On the twenty-seventh day an abscess on the left side broke and discharged at least a pint of pus into the rectum, and the fever left at once. Three weeks later another abscess was discharged in the same way; and in another month the doctor opened a third one through the rectal wall. Six weeks ago, after menstruation, she caught cold and was seized with uterine cramps, and clots of blood were forced away, the old abscess refilled and was opened again. The appetite is poor, constipation and painful urination.

Operation. March 9. The uterus was taken by way of

the vagina. The whole of its outer surface down to the lowest extremity of the posterior lip of the cervix was anchored by very dense and vascular adhesions. On the rectal side it was so firmly and intimately attached as to be almost impossible of separation. At the left pus was discharged freely both through the vagina and the rectum while the operation was going on, and the corresponding pus pocket was thoroughly broken up. The right ovary was so lost in adhesions that it was not taken.

These two cases have some points in common; both were post-puerperal, one near and the other remote, and both were attended by exhausting and relapsing intra-pelvic suppuration. But there the similarity ends, for the first was an example of genital tuberculosis, with double ovarian abscess; and in the second the pelvic mischief probably depended upon an ante-partum inflammation of the appendages which had originally caused the amenorrhœa. * * * * *

You may doubt whether the failure to make a total ablation of the uterus and its adnexes in these two exceptional cases was justifiable, and if it was good practice. I believe that it was, and not only because my own experience has furnished several cases of recovery, but also because other operators are satisfied that it is sometimes the most conservative way. Richelot is very emphatic on this point. He says:

My experience shows that after the uterus is taken the entire removal of the appendages is not requisite to a complete recovery. I have made this operation twenty-two times without leaving anything; twelve times the extirpation of the uterus has been followed by a one-sided castration. Twenty-seven times I have left them all in place. * * * In none of these latter cases has there been any long drainage or protracted suppuration. * * * These patients recover as promptly as after the removal of the cancerous uterus that is mobile; as after a simple laparotomy with ablation of the diseased ovaries and tubes and perfect closure of the abdominal wound; and more quickly and more surely than after the vaginal section practiced by Laroyenne and his followers.*

*L'Hystérectomie vaginale contre le Cancer de l'Utérus et les Affections non-Cancéreuses, par L. GUSTAVE RICHELOT, Paris, 1894, pp. 92-94.

Case 3 was that of a young woman sent by Dr. Vance, of Madison, Wis., from whom we removed the uterus with nine fibromata, some of which were extra-, others intra-uterine, and still others interstitial. There was nothing peculiar about the case excepting that, the largest tumor being retro-uterine, the most distressing symptoms were referred to the rectum, and that the case was thought to have been cured by electricity some years ago. She is doing very well and will certainly recover.

Case 4 (27,049). Brought to the hospital by our good friend, Dr. Margaret S. McNiff; was a married woman æt. forty-nine, the mother of eight children. There had been one miscarriage, and the menstrual flow was regular until seven months ago, since which time it was irregular and profuse. For three weeks before the operation the hæmorrhage was profuse, constant, at times alarming; and nothing but local styptics would stop it. There was no pain. Dr. McN. at once recognized the cancerous condition, and advised an operation. The mother and grandmother of this patient had died of uterine cancer at almost exactly the same age. A complete vaginal hysterectomy was made and extraordinary care taken to prevent a recurrent hæmorrhage. Here is the specimen which shows the textural changes in the organ itself. (See Fig. 12.)

Wednesday, March 17. The first three cases in the group reported a week ago are doing well, each having some peculiarities of which you will be informed later on; but the last one (*Case 27,049*) died on the third night after the operation from secondary and unavoidable hæmorrhage. In this immediate connection I must remind you that a share, and perhaps a larger share than is generally supposed, of cases of menorrhagia at the climacteric are due to a sclerotic degeneration of the uterine arteries. That lesion involves the finer ramifications of the arteries as well as the larger vessels, and so interferes with their contractility as to make it next to impossible to control the hæmorrhage by ordinary means. Reinicke holds that when ergotine fails to stop the excessive loss of blood from the womb we may conclude that the uterine arteries are sclerosed, and proceed to make a hysterectomy, the

same as in menorrhagia from fungous endometritis (*decidua maligna*).

I am satisfied that a similar degeneration of the arteries occurs in exceptional cases of uterine cancer, and that this condition may be a cause of unavoidable secondary hæmorrhage. For now and then we find cases in which neither the clamp nor the ligature will avert death from hæmorrhage, sooner or later, after a vaginal hysterectomy.



FIG. 12. CARCINOMA UTERI.

Within the last ten years I have lost two cases of this kind. In the first the patient, who was an old "bleeder," had reached the fifth day in good condition when a passive hæmorrhage set in that resulted fatally. The second was the one under review. An indirect proof of the existence of vascular degeneration in both cases was found in the fact that the use of the saline solution had the effect to increase the flow by a sort of direct filtration, just as copious drinking will sometimes do in post-partum hæmorrhage.

Wednesday, March 24. Each of the three surviving hysterectomy cases is recovering, and all will soon be well enough to go home. The case of uterine tuberculosis (27,044) had a pulse of 120 to 180 and a temperature above 100° for several days after the operation, but now they are nearly normal. There are signs of a disseminated tuberculosis that may, and probably will develop later on. The others have had no trouble at the menstrual cycle or otherwise.

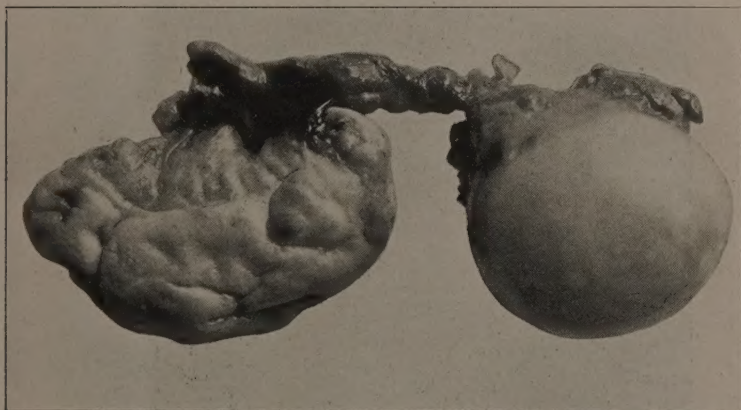


FIG. 13. OVARY AND TUBE WITH LARGE HYDATID OF MORGAGNI.

SUPPURATIVE OVARITIS AND SALPINGITIS WITH A CYST OF THE HYDATID OF MORGAGNI; REMOVAL; RECOVERY.—This patient, æt. twenty-six and unmarried, gave the following history: One month before the first appearance of the menses, at fifteen, she was badly chilled from exposure in a severe storm, after which she had jaundice, and since that time she has always had a great deal of pain at the month in the right side. The flow is normal and regular. Under treatment she improved but took cold easily and had frequent relapses of local peritonitis, which ended with a purulent discharge from the uterus. Her physician, Dr. Keifer, has treated her for several of these attacks and has advised the removal of the right appendages.

Operation. March 20 the right tube and ovary were taken. The ovary was changed into a pus-pouch with the capacity of a small teacup, the tube was as large as one's thumb, and the hydatid of Morgagni presented a translucent cyst as big as a Sicily orange. (This patient made a good recovery.)

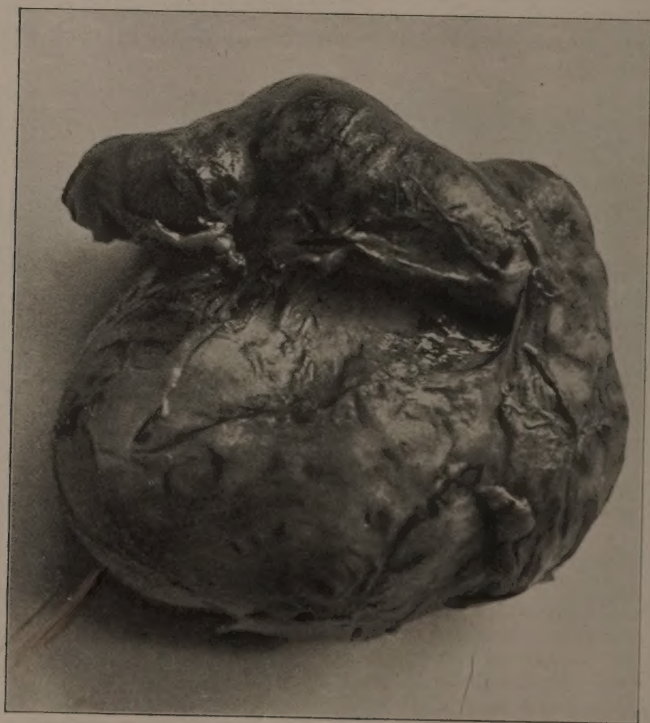


FIG. 14. OVARIAN ABSCESS AND PUS-TUBE.

If those who sometimes criticise our work and insist that remedies and local measures are all-sufficient would carefully study such a case as this, and such a specimen as you have before you, they certainly would have a good excuse

for changing their opinions ; for our patient had doubtless suffered for years from the refilling and emptying of this ovarian abscess, with its incidental peritonitis. (See Fig. 13.) This pouch and tube are lined with a pyogenic membrane that would have continued to pour out its abnormal secretion indefinitely. So long as these diseased organs were allowed to remain they were a menace to her health, and nothing but their removal would do her any permanent good. The large cyst of the falsely so-called hydatid of Morgagni is a clinical curiosity.

DOUBLE PYOSALPINX; TUBO-OVARIOTOMY; RECOVERY. *Case 27,050.* Referred by Dr. W. C. Bastar, of Benton Harbor, Mich., was that of a nullipara, æt 35, stout and healthy looking, but a victim of menstrual suffering and neurasthenia. Her pain was chiefly referred to the right ovarian region, although of late the left side had pained her considerably. For three months there had been a purulent uterine discharge, with evident relief of the old suffering at irregular intervals.

Operation. An abdominal section exposed the right ovary lying in a bed of adhesions, from which it was enucleated. It proved to be a pus-pouch measuring three by five inches and the corresponding tube was three-fourths of an inch in diameter. Similar changes in the other ovary justified its removal also. (See Fig. 14.) The patient made a prompt recovery.

REPORT OF THE CLINIC ON SURGICAL GYNÆCOLOGY, SESSION 1896-97.—At the close of the winter term in the "Old Hahnemann" Prof. Ludlam gave his usual report. The general clinics given to the whole class on this specialty were 33; sub clinics with operations, 35; sub-clinics by Dr. Stettler, 10; didactic lectures by Dr. Ludlam, Jr., 25; quizzes by the same, 10; quizzes by Dr. Stettler, 10; total clinics, lectures and examinations, 123.

Among the cases operated upon and rare cases shown to the class there were several large ovarian cysts; ditto uterine fibromata; cases of uterine cancer in all stages; vesico- and recto-vaginal fistulæ; extra-uterine pregnancy (interstitial); salpingitis, all forms of; lacerations of the

cervix and perineum; operations for pelvic suppuration (10); cystocele, rectocele, vaginismus, vaginal atresia, colporrhaphy, hystero-epilepsy, etc.

CLINICAL CHIPS.—The reflex of the tendo Achilles is lost on the affected side in inflammation of the sciatic nerve, and decreased in sciatic neuralgia.—Charcot styled agraphia "the aphasia of the hand," but Grasset insists that the happy phrase applies only to the deaf mute who has lost the power of speaking with his hand.—Chorea is as rare among negro children as ovarian dropsy is with adult negro women.—Being destroyed by a temperature of 158° F. the bacillus of tetanus is one of the least resistant of the pathogenic microbes.—The best way to count a very rapid pulse is to apply the little finger instead of the index.—The female musquito (the male does not suck one's blood) is a frequent vehicle of malarial poison.—In 20 per cent of 200 women examined by Queirel the pubic joint was not in the median line of the pelvis.—The best use to which one can put a straight wooden, or hard rubber stethoscope, is to apply it small end upward in the reduction of a recently inverted uterus.—Reclus holds that because of the pain from the hypodermic needle in using eucaïne, the dilatation of the vessels and a consequent hæmorrhage into the field of operation, as well as the shorter comparative duration of the anæsthesia induced, cocaine is preferable to it.—The new remedy for rheumatism is the salicylate of menthol, which exists in an impure state in the essence of wintergreen.—A new symptom of hysterical amblyopia is the slow and regular movement, sometimes in a linear, again in a pivotal direction, upward from the nasal to the temporal side, and downward inversely of a fog like the smoke of a cigar. It is always uniform and is only seen when the sound eye is closed.—Slight cases of diabetes may be accompanied by coma as well as the more severe ones.—The "appendix specialist" of to-day will often be found to have been the discoverer of strictures and the remover of ovaries of a few years ago.

Clinical Society Transactions.

CORNELIA S. SETTLER, M. D., CORRESPONDING SECRETARY.

ORRIN L SMITH, RECORDING SECRETARY.

MARCH MEETING, 1897.

This Society held its regular monthly meeting at the Hahnemann Medical College amphitheatre on Saturday, March 27, at 8 P. M., President Shears in the chair.

REPORT OF THE SECTION ON THE SANITARY SCIENCES.

CHARLES E. COLWELL, M. D., CHAIRMAN.

XVIII. DISEASE PREVENTION, AND WHAT WE ARE COMING TO. BY DR. C. E. COLWELL, of Aurora, Ill.—Disease prevention presupposes a knowledge of disease causes. In the past the wrath of some one of the numerous gods; or the taking up of his abode in the body of the afflicted of his satanic majesty; or the influence of the sun, moon and stars, especially that of the star under which one was born, a sort of predestination or eternal damnation idea; or the presence in the body of one or more of several injurious humors were held responsible for the afflictions of mankind. With such causes for diseases the prevention and cure was supposed to come from sacrifices to the gods, divine intervention to expel the evil spirits, priestly mummeries, voodooism and all sorts of superstitious influences.

During the flight of centuries there gradually crystallized from out the mass of superstitious mysticism a definite knowledge of diseases, so that, by the close of the first half of this century many diseases were accurately described and their causes well understood. It was generally conceded that many were communicable from one person to another, and that besides the general agencies, such as overwork, worry, food, clothing, climate, season, etc., acting as partial causes, that there was a something more specific necessary to cause the contagion. This was variously spoken of as a morbid principle, an exhalation,

an effluvium, a miasm, one and all meaning in reality a something of which the writer or speaker knew nothing.

Within the last thirty years the microscope, under the inquisitive eyes of Koch, Pasteur, Klebs, Loeffler, Eberth, Pfeiffer and a host of other careful observers, has told us that morbid principle, effluvium, etc., means cell life, microscopic beings, capable of producing their own kind, through generation after generation, and of also, under favorable conditions, reproducing the disease from which they were originally taken.

This power to reproduce, by the injection of the cultivated descendant into the body of a well animal or person, the same disease from which its ancestor was captured, has been the proof positive that germ life is the cause of, and not the result of, the diseases under observation. It has brought most of the later reading and thinking physicians into the camp of the believers in the germ theory of disease, most believing as far as demonstration has led them, and acknowledging the probability of demonstration in diseases as yet under investigation. Still others, more enthusiastic, jump to the conclusion that all diseases are due, in a greater or less extent, to the warring hosts of the infinitely small within our poor bodies.

The results of such beliefs have shown themselves in several ways. What was more natural and first to be desired than a universal germicide, with which to destroy the germs either before or after gaining entrance to the body? Hence the host of so-called antiseptics brought out in the past and present. These have not met the success hoped for. Those powerful enough to destroy the germs, already intrenched within our body, are as a rule injurious to the taker, hence insult is added to injury. Out of the practical investigation of antiseptics has grown the knowledge that cleanliness, as produced by soap and water and the action of heat, are the safest and best of germ devitalizers. This is instanced in modern surgical procedures and the wonderful results attained.

Realizing that in those individuals or animals who recovered from a germ disease the germ either killed itself with its own poisonous products, or that nature developed in the afflicted something that was opposed to, and powerful enough to destroy the invading germs, the laboratory workers evolved the idea of progressively infecting animals with increasing doses of the infection, in order to correspondingly increase the animal's anti-poison blood elements

—its antitoxine. This antitoxine, extracted from the blood of the infected animal, was to be injected into the tissues of the human afflicted with the same disease, for the purpose of cure, or into one who was not ill, as a prophylactic. This is the blood serum method of cure and prevention—a disease individualized antiseptis. The failure of this method in the tuberculinum treatment of tuberculosis is fresh in your minds. The antitoxin treatment of diphtheria is still on trial.

Whatever may be your opinion to us it has stood trial and has been defeated. We have followed closely, and with much interest, the statistics from the large medical centres—hospitals, etc.—the figures, pro and con, and we feel that the lessened death rate claimed has been due to packed caucus clinics, caused by mild cases going for treatment, because it was a fad, and because cases of but common slight sore throats on which the Klebs-Loeffer bacillus was found, were called diphtheria, that presented no clinical signs of such a disease. Furthermore, grant the best statistics published, and they fall far short of the results under strict homœopathic treatment.

Another result is seen in the growing tendency by many to place less reliance upon clinical pictures of disease, and more upon the microscopic finding, for purpose of diagnosis. This is probably due to the claims of the laboratory workers—a natural result of the disposition of each specialty to think itself of the most importance. As an illustration, some question a diagnosis of diphtheria unless confirmed by bacteriological proofs. As a general procedure in diphtheria, or other diseases, we feel this to be a mistake. We do not wish to belittle the bacteriologist nor his work—far from it. We recognize his worth; past and prospective.

The skilled diagnostician can, without costly paraphernalia, by careful use of his unaided senses, in most cases, make the correct diagnosis while he is with his patient. On the other hand, he must collect the fluid or tissue suspected of containing the germs, carry it home, then by delicate and lengthy manipulation, prepare it for examination. A suspicious germ is found. But this is not more positive evidence than the grosser clinical features, for we are told “that there are benign forms corresponding to nearly every known pathogenic form. In harmless quietude within the mouths and nasal passages of healthy people can be found forms identical with those that have been declared patho-

genic. In some cases this is probably due to the resisting power of the individual, but not in all." The positive evidence must come from the inoculation of some person or animal, and its developing the disease suspected.

Just think what it all means: special laboratory work of months or years for the doctors to acquire the necessary dexterity and the necessary acquaintance with the little fellows and all their various sisters, cousins and aunts, in order to recognize and classify them; each doctor must have a zoological family of rats, mice, guinea pigs, etc., for inoculation purposes. Granted that he is equipped; now for his practice. To satisfy the demands of the near future he will have to examine the blood and all discharges from the body—nasal, pharyngeal, pulmonary, mucous substances extracted from the stomach or passed from the bowels. He will spend most of his time in the laboratory. When will he attend his patients? Who will pay for this extra time? His patients certainly will not in most instances.

Some may say, send your specimens to the board of health. This was done in New York City and here in Chicago during the recent diphtheria epidemics. We doubt if it was of much practical service. It took the physician's time. Then he had to wait several days for his report, and in the meanwhile he had had ample time to make a positive diagnosis. Complying with this request of the board of health, recently, a doctor in New York City sent mucus from the throat of the patient presenting positive clinical evidences of diphtheria, and he so made his diagnosis. The health officers reported that their findings were doubtful and for him to send another specimen. He did so and heard nothing further from the board. The patient was very ill but made a good recovery under anti-diphtheritic treatment. When the doctor came to present his bill the bill was denied because he had made an incorrect diagnosis, the patient's father basing the denial on a statement made to him by the bacteriologist. The family, well-to-do, and one that had formerly employed him frequently, went to some other physician. Fortunately for the physician he was not sued for damages. In these days of damage suits, and jury verdicts in accordance, rendered against any one who may have been fortunate enough because of hard labor and self denial to have accumulated a little property, what an opportunity this offered. There was the claimed false diagnosis, the consequent placarding and isolation. The latter is of so much value at such times

to a man's business or to his feelings. Especially might such claims be made in large cities by owners of hotels and flats where many people might wish to come and go, and much damage actually result.

To the boards of health are intrusted those matters which are liable to effect the community largely as a whole. They are clothed with almost despotic power. Realizing this, what more natural then than that the sanitarians, desirous of preserving the health, and of lengthening the lives of their fellow-beings should wish the health boards to turn that power against all contagious diseases? The disease under fire at present is tuberculosis.

Illustrating the tendency of the times is the action of the New York and St. Louis boards of health.

The St. Louis board through its health commissioner recommends that pulmonary tuberculosis be declared infectious. The New York board passed an order making it obligatory, on the part of the physicians, to report to the board all cases of tuberculosis, occurring either in public or private practice, assuming the power to send its inspectors to all cases, and the right to make bacteriological examinations, and recommending the isolation of tuberculous patients. The committee on hygiene of the medical society of the county of New York, reported a month ago, endorsing practically all of the board's orders, except the right of inspection and examination by agents of the board.

To endeavor to suppress or to lessen tuberculosis, which is responsible for more deaths annually than any other disease, is highly laudable. But how about the methods? Why ask so much of the doctor? Already he has to report the contagious exanthematous diseases, births, deaths, etc. How long will it be before he will be required to report all contagious and infectious diseases, influenza, keratitis and ophthalmia, erysipelas, various contagious skin diseases, gonorrhœa, syphilis, etc.? There is hardly any end to the probabilities. Would it not make the doctor liable for damages, for breach of professional confidence reposed in him by his patient? English physicians have been heavily fined recently for breach of professional confidences. The crusade, as far as tuberculosis is concerned, should be not to isolate the sufferer, but to teach, or to compel him to take proper care of his sputum, to spit into proper water-bearing receptacles.

Since 1887, when measures to counteract the propaga-

tion by sputum were inaugurated, the rate in Prussian prisons has fallen very rapidly, so that during the period 1892-94 it had reached half of the former rate. Again by care among the nursing Catholic orders of Prussia, during the last six years the rate dropped from 100 in 10,000 to 67.

The only places for the board of health to assume control is in the closely packed tenement, where ignorance and indifference drive out all knowledge and sense of responsibility to the community at large. To assume it in other places is to ignore human nature and our social and political machinery. It smacks of the study and laboratory and not of the world where the busy general practitioner dwells.

Let us not be frightened by the knowledge that bacteria swarm about us and within us. Jas. C. Wilson, associate editor of the 1896 Annual, says in its editorial "Experimental evidence has shown that animals cannot exist in absolutely pure air. Whether benign or malignant, atmospheric microorganisms are now thought to yield a biochemical force necessary for the maintenance of our existence. Man is therefore seemingly destined not only to be surrounded by germs, but also to absorb them as life giving principles and as death dealing foes, the continuation of his life depending upon his power to antagonize their virulence. Under these conditions adequate powers of resistance mean health; fight consequent upon intrusion of the foe within certain precincts means disease; victory of the intruders, whether by direct or indirect influence, means death. This theme has found general support in the literature of the year; that it will be prolific in practical results is more than likely, for it combines the qualities demanded by sound logic and strict scientific investigation."

The fact of individual resistance to disease influences, recognized more or less by every one who thinks anything, is explained by the bacteriologists, by their findings that our epithelial cells and our white blood cells oppose and destroy many, and endeavor to destroy all disease germs. They surround them, wrap them in their own cell structure and are either the victors or the vanquished. This is the process of phagocytosis. Outside the body most all germs are killed or partially devitalized by the action of nature's purifiers, sunlight, pure air, heat and cold.

Let us therefore preach the gospel of good food, proper rest, pure air and sunshine and cleanliness, and the individual resistance, the antitoxin power of the individual will

take care of most disease germs. Unfortunately all will not heed our advice, and many will be caught with low resistance. Hence for practical purposes, isolate where possible any disease you suspect to be contagious and keep those persons not needed away. In addition to those diseases already usually treated in such a manner, I would recommend that coryzas, influenza, throat affections, diseases all of short duration, be isolated; that all afflicted with eye, or skin diseases, suppurating sore, or wound of any sort, wash in separate bowl and wipe on their separate towel; that the hands of the doctor be thoroughly washed after handling anything in the least suspected of being contagious or infectious, and to instruct his families to do the same.

It is but another illustration that cleanliness is akin to Godliness. It possibly should have been cleanliness, absolute, is akin to absolute health.

DISCUSSION: DR. J. E. GILMAN: It is now only some twelve years since I began to lecture in this college on the subject of the germ theory of disease. At that time hardly one of the faculty of this institution were believers in it, and only here and there one of the rank and file of the profession knew anything about it. There was a good deal of good natured fun made about me as the advocate of the new idea at that time (and on this point I am on record, as my lectures were all written). I said that a method in the future for the destruction of the germ diseases would be in the isolation and preparation of the substance excreted by the organism. All organized bodies absorb and exhale—and the material exhaled is inimical to the vitality and well being of the organism. A human being inclosed in a glass case would soon die from the exhalations of his body. So with the bacteria, a culture soil soon becomes so contaminated with the product of germ excretions that the bacteria must incontinently perish. Now, if this material could be secured and so prepared as not to be injurious to human existence it would solve the problem.

Now, we have two attempts to do this very thing upon this line—the tuberculin and the antitoxin. The tuberculin was forced upon the profession before it was fully ready

and whether either of the products are prepared to perfection is a matter for discussion. But both, like the earlier step, that of vaccination for the prevention of smallpox, are movements in the right direction.

So far as the antitoxin is concerned, I would say that case after case of those forms of diphtheria that under any other mode of treatment known to me would have died just as surely as night follows day have put on the robes of recovery and regained health. I have seen cases with the toxic effect of the disease so marked that, before the days of antitoxin, I should at once say there is nothing to be done but wait a few hours for the end. I have seen these cases react against the disease—the exudate melt off like snow before a June sun and go on to a perfect recovery; and, personally, I have yet to see any case with a bad complication resulting from the antitoxin.

Dr. Murdock, of the health department, told me that he had used antitoxin in over four thousand cases. Out of these there were some four hundred cases where he could feel positively certain that his act had saved the life of the patient; cases that would have been positively fatal without the aid of antitoxin. In addition to this, he had yet to see a case, where he had applied the injection, with any unpleasant or bad result.

I am convinced that where bad results have occurred from its use they came as the consequence of fault in the material or in the methods used in injecting. We must succumb to brute force if fact and fine spun theories go down like glass under the sledge hammer blows of reality.

I do not pretend to say that the method of preparing antitoxin has reached perfection or that we have gained the best way of using it, but we have with it so far made a great step in conquering a very dangerous and fatal disease—in relation to the preventive treatment of phthisis. It is only within the last few years that the sanitarian began to preach the doctrines of the infection and infectious character of phthisis.

When we consider that 25 per cent of deaths from all

causes are grouped under the list of tuberculous diseases, we have reasons for alarm at their prevalence. If instead of the quiet insidious advance of this class of troubles they came with the tumultuous rush of an epidemic, bubonic plague, or smallpox, the whole community would cry out for isolation and protection, but with the stealthy advance no general alarm is manifested; yet these cases unless prevented, surely reach out of their fast closing graves and pull down with them scores that might have escaped with proper precaution. We cannot isolate our cases of phthisis without inhumanity but we can take care of and destroy the product of the disease—a product that disseminates the germs widespread. We would not allow a victim of smallpox, or syphilis, to carelessly scatter the contagion about our streets and persons, no more should we allow the sputa of phthisis to be carelessly thrown aside to dry and be sown here and there borne on the wings of the wind.

I thank Dr. Colwell for his very able paper, and while in some points I disagree with him, it has given me much pleasure to listen to the presentation of his views.

Dr. B. S. ARNULPHY: My views accord so well with those expressed by Dr. Gilman that it is not necessary for me to say anything more. The matter at issue is still before the jury, and final opinions are not possible now.

Dr. A. K. CRAWFORD: While the much vaunted antitoxins are in the heyday of their popularity it may be just as well if we bear in mind that homœopathy has achieved some wonderful successes in even so dire a disease as diphtheria. Moreover, the reports of their effects received from the European centres have not been so universally favorable that one who is at all skeptical can accept them without a qualm. I happen to belong to a class of physicians who have not yet been converted to the idea that all of the diseases to which flesh is heir are the product of microbes, and I still cling to the idea that in homœopathy we have the best known guide to the choice of therapeutics. I do not claim that an antitoxin cannot arrest a disease or

that it has not rendered some good service, but I do claim that in addition to the comparatively small mortality under homœopathic treatment of diphtheria, for instance, no single case of death can be ascribed to its use. If we do not always cure, we certainly never kill with our doses.

Since the antitoxins have been the vogue I have had abundant opportunity to use them if I had so desired, but in no instance where I have had the absolute control of the case have I administered a dose of it. If an apology is needed for thus abstaining from the trial of a new therapeutic measure it may be stated that I hold the antitoxins in some dread; that I have not met of late years such fearful cases of diphtheria as fell to my lot fifteen to twenty years ago; and that in consequence of treating my patients upon the closest homœopathicity of which I am capable I have not had a single fatal case since this fad came in.

In making this brief plea for homœopathy I would like to add the assurance that the diphtheritic antitoxin will be tried by me should I meet such cases as I learned long ago to look upon, from the moment almost of the first visit, as sure to end fatally. Nothing could give me greater pleasure than the assurance that the antitoxin can successfully cope with such frightful examples of a very treacherous disease. But while a doubt remains as to the innocuousness of this animal product the ordinary run of diphtheria cases will receive naught but homœopathic treatment at my hands.

Dr. J. D. CRAIG said: I have never used antitoxin and neither am I now, or ever have been an old fogey. I am just as eager to-day as I was thirty years ago to find anything from any source, that could be proved to have merit in the control or cure of disease; and yet I doubt whether I shall ever use antitoxin, because on careful investigation I find that the plan of treatment which I adopted and have continued for thirty-nine years has produced better results than this later treatment up to date.

I think diphtheria first made its appearance in this country in 1858; at any rate it was comparatively unknown

until the early fall of that year, and I very distinctly remember the first case I ever saw or had heard of. It was my first year of practice and I had charge of a small sanitarium, or as it was called at that time, a water cure, in the city of Wilmington, Delaware.

Cases. I was called to see a child that was evidently dying and which did die in a few hours, and I learned that this was the third death in the family. I frankly confessed I knew nothing of the disease, as I had never seen anything like it, although I had attended all of the clinics at Bellevue Hospital and many at the other hospitals of New York for two winters; but notwithstanding my confession of ignorance I was called on the day after the funeral to see another child, the last of the family, that had been attacked by the same disease. I was at a loss to determine what medicines to use, and had little faith in any in these cases, particularly as one of the fatal cases had been treated by a homœopath of undoubted ability, and the other two by the leading allopaths of the city. But if I doubted my ability to select a remedy I did know how to use water, and prescribe a diet and I determined to do what I could with them.

The bowels were first thoroughly cleaned out with warm enemas until no fecal matter could be found in the discharges, and the throat was packed in ice after being pounded and enclosed in a section of hog's intestine. At the same time the child was kept supplied with small pieces of ice which was allowed to be dissolved in the mouth. Two or three sponge baths were used, but as the ice soon reduced the temperature, they were discontinued. The diet prescribed was to consist of sago, tapioca, corn-starch, potatoes and other diet consisting largely of carbohydrates, and albuminous food, such as meat, beef tea, beef broth, peas, beans, lentils, cocoa, and all foods containing much albumen, were absolutely forbidden, and the treatment was successful. Since then I have used medicines in connection with the above dietetic treatment.

In those days we knew nothing of germs, but some men who were of the observing turn of mind, had found that the fatality of acute diseases of a malignant type was closely related to the food given to the patient. There were reformers in dietetics as there are to-day; indeed the

phenomenal success of the early homœopaths was largely due to the diet they prescribed and prohibited. Diet was quite a fad in those days in the new schools of medicine, and the late investigations in all departments of medical knowledge show that the early reformers were right, but now we have changed places and the old school is turning its attention to dietetics, while the new schools ignore it entirely.

There are more ways than one to kill bacteria. You may poison them in their own ptomaines, as is done by administering antitoxin; and you may poison the patient at the same time, as has been done too many times no doubt; but there is a much safer and quite as effectual a way, and that is to starve them to death by withholding from the patient the food on which they grow; for it is well known that the only dangerous bacteria are those that grow in albuminous fluids, and when this is taken into account the folly exhibited by physicians of all schools of feeding patients suffering from scarlet fever, diphtheria, typhoid fever and similar diseases, on meat, beef extracts and other albuminous foods, borders on the marvelous. The very reason that these diseases exist at all is because the albuminous material of the body is in excess. In the first two mentioned diseases the urine is often found loaded with albumen which the kidneys are carrying off in large quantities.

This seems to me to be the most sensible and direct way of dealing with bacteria, and, as I have lost but six cases of diphtheria out of many hundreds treated in thirty-nine years, it is not likely that I shall abandon the starvation for the toxic plan of treatment.

Dr. LEAVITT: I feel a deep interest in the subject under discussion, but shall have little to say. The truth is I have no well defined convictions concerning the details of the germ theory of disease and the serum therapy founded upon it. That the data upon which they rest are not altogether reliable, and that the inferences drawn from such data are not altogether just and conclusive, appear

to be beyond reasonable controversy. I do not hesitate to say that I have no doubt that the future philosophy of disease will be so unlike that of to-day, that the relationship between them will hardly be credited by those who follow us.

For a long time after antitoxin came into use I felt a decided prejudice against it and refused to countenance its injection upon the human subject. Even now I am not fully convinced of its virtues, though I am willing to confess that my clinical observations have given me a certain degree of confidence in the remedy. I have used it a few times, but in no virulent cases; and hence have no good reason for full faith in its curative powers, though in every instance the patient made a prompt recovery. This much I am justified in saying, namely: That the membrane disappeared more rapidly than it commonly does when patients are treated after the ordinary therapeutic manner. I have never neglected the homœopathic remedy, even when administering antitoxin, nor should I feel safe to do so; for which reason the value of the several factors involved in the cure is not easily determined.

I have used antitoxin a few times as a prophylactic remedy, and in no instance has the subject thus treated fallen a prey to the disease, though repeatedly exposed to the danger of contagion.

With respect to the proposed legal restrictions of tubercular patients, I am willing to go on record as disapproving of a strict enforcement of regulations which will materially increase the misery of such patients and their friends, with resulting benefits which are still more or less problematical. Let the patients and friends be made aware of the supposed dangers of contagion, and be required to exercise wise precautions, but nothing more. The time may come when stringent measures will be advisable, but I believe that time has not yet arrived.

Dr. OTTO POPPE had employed antitoxin in six cases of diphtheria, three of which recovered and three died, but could see no especial advantage in this over the usual

remedies. He would like to know whether any one present had used it in membranous croup? One of my professional neighbors finds diphtheria and membranous croup very frequently, and as often cures them with this new mode of treatment, but I more than suspect that his cases are those of tonsillitis and spasmodic croup.

Dr. LEAVITT asked Dr. Poppe on what day of the disease he had used the antitoxin.

Dr. POPPE: In one case on the fourth day, one on the third, and the rest on the second day.

Dr. E. S. BAILEY was in favor of the new method.

Dr. MACCRACKEN spoke of the medico-legal aspects of the proposed quarantine and isolation of tuberculous patients especially, and cited some very interesting facts concerning the establishment of centres of infection by those consumptives who had changed their location for climatic reasons and had thus unwittingly spread the disease.

Dr. R. LUDLAM: Dr. Colwell's paper has interested us all and has elicited a lively and profitable discussion. There are, however, three reasons why I think that some of his conclusions are untenable:

1. Because of the practical limitations in therapeutics. If we concede that all kinds of treatment whatever are more or less restricted in their application, there is a manifest need not only for the further development of our present methods, but also for the discovery of new and additional resources. The habit of claiming that our own particular rule of faith and practice is universally applicable and always successful is essentially quackish, for that is the talk and the boast of charlatans the world over.

2. Because, if the theory of pathogenic microbes and antitoxin possibilities is applicable to a limited number of diseases only, we should know what they are, and how to immunize and protect our patients from them, just as we have done and are doing by vaccination. It is no argument against treating diphtheria, or tuberculosis, with serum therapy to say that it would become necessary for every doctor to have a laboratory of his own, and to be versed in

the culture and the preservation of the ptomaine products. Dr. Shears does not make his own antiseptics, nor Dr. Leavitt his forceps, nor do we find it requisite to prepare our remedies from the raw materials. In the early day the physicians of our school were forced to make their own tinctures and triturations because there was nobody else to do it, none who could safely be trusted with so important a matter, and because they had plenty of time for such work. But now the most of us depend upon the pharmacies, as the believer in the therapeutic efficacy of the antitoxins, when he finds himself at the bedside, will be obliged to trust to the followers of Pasteur, Roux and the rest for the genuineness of whatever comes from the laboratory in the way of a vital test or a curative resource.

3. Because almost anything is better and less harmful to the human organism than the old old-school treatment; so that, if this new method is milder and more efficacious, and if experimental science of this sort will be the means of lifting our neighbors out of the old rut, let them have every possible inducement to progress in the direction of homœopathy, of the essential principle of which this "new craze" is a coarse and a belated adaptation.

Dr. G. F. SHEARS commended the paper and the discussion, but held that antitoxin may be a dangerous remedy.

Dr. COLWELL, in closing the discussion, said: The adverse discussion of my paper being confined mostly to the antitoxin treatment and prevention of diphtheria, I will limit my closing remarks to the same.

When this method of treatment was suggested I was not prejudiced against it, but felt that it would bear watching, and that it should prove its worth. I could not forget the fad treatments that had swept through the profession, even during my short period of observation, fads that had promised so much and accomplished so little.

The Déclat glyco-phenique—hypodermic—injection method of treating tuberculosis, and pretty much everything else, was just dying out when I was beginning to

study medicine. Recently Dr. Cyrus Edson, of New York, has resurrected this method of cure for consumption, and is shrewdly advertising the same. Of course it has a new name and it "requires especial knowledge and laboratory equipment to manufacture the remedy." Those older in the profession remember the air-cabinet rage, and later how every town had its "compound oxygen" treatment venders. But a few years ago every doctor, to be "up to date," must have the apparatus to cure every case of consumption by the Bergeron method of rectal insufflation with hydrogen gas.

Then came the Koch's lymph cure for tuberculosis. What a stir they made, and how little they have left that is of use!

Many of the fads of the medical profession are the result of cunningly planned and executed booms by instrument manufacturers or dealers, or by some one who has something to sell, and the profession takes the bait.

With such things in mind, I looked with some suspicion upon the antitoxin treatment for diphtheria. I followed the published statistics in our own and other journals of both schools, and feel that the apparent results are worthy of honest doubt.

In Paris, London and Berlin some observer stated that no unusually severe or extrinsic epidemic of diphtheria had raged during the antitoxin treatment years, compared with several years preceding. These same observers found, in looking over the health-board records, that the percentages of death from diphtheria, compared with deaths from all causes, remained practically the same during antitoxin years that it had for several preceding years.

This leads one to the conclusion that the lessened mortality claimed in diphtheria was due to the fact that more mild cases went to the hospitals and clinics for treatment, partly because it was the fad, and partly because of the cost of the antitoxin.

Dr. Poppe asks for results in diphtheritic croup. I treated one such case with antitoxin.

Case 1. A sturdy babe had been sick for several days; membranes, not extensive, showed at the lower pharynx and on the false vocal bands. I used 1,000 unit Behring-Roux antitoxin; gave ten cubic centimeters, in three equal doses, at intervals of five to six hours, and could see no change in any respect, either local or general. The child slowly recovered, as I had had others with the same disease do. I gave the homœopathic remedies before and after the injections. There was no dissolving of the membrane, as some report.

Case 2. I used antitoxin in another case: A child of seven years taken ill late Thursday afternoon; much membrane Friday, also swollen cervical glands; grew steadily worse. Saturday evening gave 1,500 units Behring-Roux antitoxin—one dose of five cubic centimeters. The child died the next morning, at 6 o'clock, from general diphtheritic poisoning.

As Dr. Shears hints, it is not free from danger. Such cases are recorded—one of which I knew considerable, occurred at Mt. Pleasant, Iowa.

Case 3. Miss B., a strong, handsome young lady, began to feel indisposed one morning, and as her uncle, an old-school physician, came to the house that day to see another member of the family, his attention was called to Miss B. A small amount of membrane was seen in the throat. He advised antitoxin and called a colleague, who had used considerable of it, to administer the same that afternoon. She almost immediately complained of feeling queer, and laughingly said she was being put to sleep. The extremities prickled and became numb; the face and lips puffed; the heart flickered, and despite the use of coffee and hypodermic heart stimulants, she died in a few moments.

Let us still watch its results and not forget that there may be danger in the use of this agent. I thank you for your attention and for the interest you have shown by the thorough discussion of my paper.

XIX. ABNORMAL REACTION OF THE PUPIL. BY DR. C. J. SWAN.—Recently much thought has been given to the differences in diameter of the two pupils as a pathognomonic symptom of mental alienation in general and of paralysis of the insane in particular.

"To-day we are well aware that sometimes people in perfect health present pupils of different diameter and that the symptom occurs in many different diseases of the nervous system and in diseases of general origin as well.

"This is not true of the symptom of loss of reaction to light (Argyll-Robertson pupil). This symptom has been found in 68 per cent of cases of progressive paralysis. It is an early symptom and as such has a great diagnostic value. It is almost always bilateral, one of the pupils does not act at all, while the other presents a very slight reaction. The reaction paradoxical—dilatation of the pupil to light is very rare, but has been reported in progressive paralysis. The difference of pupillary diameter is often changed in this disease. During the same day we may sometimes find one pupil dilated and sometimes the other. This symptom occurs in senile dementia, and it is found, but much less frequently, in all the other forms of mental alienation. In syphilis the Argyll-Robertson pupil sometimes constitutes the only symptom of an encephalic trouble. Finally, this symptom sometimes occurs in people who are perfectly well and sound, but of a great age, and it has been seen as a transient symptom in various acute diseases. These facts, however, constitute the exceptions and notwithstanding them (Argyll-Robertson pupil) ought always to be considered as a grave sign. While this disparity in the size of the pupils does not always indicate a progressive paralysis or a locomotor ataxia it is almost always the expression of a serious lesion of the nervous system."

The above extract, written by Dr. Siemerling, which I found in one of my French journals, I have thought worth translating for use as an introduction to the report of a case of abnormal pupil that recently came under my care in the ophthalmological clinic of the Hahnemann Medical College. Before making a report of the case it may be interesting to review the various conditions other than nervous diseases, in which the pupil is either contracted or expanded.

The pupil expands from lack of light; from blindness, partial or complete; the instillation of mydriatics, such as atropine, homatropine, scopolamine, daturine or hyoscyamine; depression of the nervous system, from fright, shock or fatigue; and the latter stages of chloroform and alcohol poisoning; lowering the blood pressure from the use of cocaine; in dyspnoea; in strong muscular exertion;

in excessive distention of the anterior chamber and in accommodation for distant objects.

On the other hand contraction of the pupil occurs from stimulation of the retina by light and the general stimulation of electricity and strychnine; from the deadening of the reflexes as in coma, narcosis, sleep and the first stages of chloroform and alcohol poisoning; and from the local use of myotics, such as eserine and pilocarpine, contraction also occurs in accommodating for near objects and from turning the eye inward. The case which I am about to report is one of persistent dilatation of the right pupil and is, I believe, absolutely unique.

Case. J. H., æt. twenty-one years, personal and family history good and patient in perfect health. About one month previously a flying splinter of steel about half the size of a pinhead had imbedded itself in the sclera about three mm. from the outer and lower border of the cornea. This was removed at the time and caused very little reaction, but he has complained ever since of dazzling in the right eye whenever exposed to light. My examination showed the fundus, dioptric media, accommodation, refraction and acuity of vision to be normal. The pupil was persistently dilated and would not react to light, accommodation, or convergence. A minute scar was visible where the steel had imbedded itself. But one conclusion could be reached, that the bit of steel had cut the branch of the third nerve supplying the constrictor muscle of the iris. The patient was treated for about three months with eserine locally and silicea internally, but without permanent effect. The eserine never failed to contract the pupil, which it must accomplish by stimulating the muscle fibres themselves, but the effect was always transient, not lasting more than one day for each instillation. I may add that as eserine will contract the pupil of a dead person's eye, there was nothing particular in its action in this case upon which to build hopes. This sort of a case is more interesting to the physician than satisfactory to the patient. After three months the young man finally grew discouraged and was lost sight of. Whether he will ever quite recover is extremely doubtful.

XX. THE EARLY DIAGNOSIS OF SPONDYLITIS WITH A CASE FROM PRACTICE. BY DR. C. F. BARKER.—The early diagnosis of spondylitis, or Potts' disease of the spine, is a matter of some difficulty as well as one of very

great importance. Cases of this disease usually reach the surgeon after the deformity has become evident, and, since children under ten years of age are generally the victims, the parents usually come to see what is the matter with the child's spine. Sometimes, however, we have an opportunity to investigate a case early, or before spinal disease is suspected. It is then fortunate for the physician, as well as for the child, if the symptoms are correctly interpreted.

The reason why spondylitis is so seldom detected in its incipency is because few affections present clinical histories of such varying sorts. It is true that in the majority of cases the disease follows an injury of some kind; but this fact generally passes unnoticed because the local inflammatory process develops very slowly, and weeks, or months, may pass before the child is regarded as sufficiently ill to demand medical attention.

The location of the disease, its proximity to the spinal cord and to the roots of the nerves derived therefrom, and the fact that it may begin in any vertebra, or in any segment of any vertebra, from the atlas to the coccyx, accounts for the wide variation of the symptoms. These include a multitude of sensory and motor disturbances in regions remote from the lesion itself, regions in fact supplied by nerves coming from the portions of the cord adjacent to, or affected by the diseased vertebra. Moreover, since the disease in question is almost always an osteo-tuberculosis, and since tuberculosis in any form is capable of displaying many diverse traits, we need not wonder at occasional difficulties in the way of making an early diagnosis.

Pain is one of the earliest and most common symptoms, but it may be referred to the chest, stomach, abdomen or limbs. In children too young to designate the seat of the pain, its presence is manifested only by restlessness or by screaming spells, and often the child is thought to have stomach trouble or colic. But here, as elsewhere in bone disease, the pains are apt to be worse at night.

Persistent attacks of pain in any of the regions mentioned, especially in a child having the history of a fall or other injury, or in one of tuberculous ancestry, should always call our attention to the spine. A careful examination should be made, and if no adequate cause is discovered the examination should be repeated from time to time.

Early in this disease it is not often that we can fix upon

the affected part by simply making pressure with the finger tips, but if unmistakable evidences of pain or tenderness can be elicited in this way, we are able perhaps, to both detect and localize the morbid process. An old and quite reliable test is the application of a hot, moist sponge carried gently but firmly along the spinal surface. As it passes over the affected spot it produces acute pain. Failure to find the affected area, at first, may be followed by success in a later trial. That the pain is made worse by bending the spine, or by a jolt or misstep, and that it is relieved by extension of the spine is one of the best known symptoms.

Later in the disease, the characteristic attitude of these patients—the unnatural erectness, the backward poise of the shoulders, the unwillingness to bend the body forward, and the kyphosis, or angular deformity itself, are well known. They belong to the later stage and have little bearing upon the early diagnosis thereof. It is, however, essential to know that irritation of the spinal nerves, near their origin, may, according to what nerves are affected, produce symptomatic cystitis, gastritis, or bronchitis, and such affections are often treated as idiopathic until the further progress of the spinal affection reveals their true nature.

Potts' disease nearly always begins in the bodies of the vertebræ, and is therefore near the anterior portions of the cord; so, for anatomical reasons, motor disturbances are more common than sensory, and paralysis of varying severity may appear in regions supplied by the affected nerves.

These remarks indicate a few of the diagnostic difficulties. There are many others growing out the peculiar location and nature of the disease and the great diversity of its symptoms. The following case will illustrate one of the peculiar phases of this malady:

Case. A girl, two and one half years old; parents in good health but of tuberculous ancestry. Within the past two days a bright red or purple rash has appeared upon the legs and the lower part of the abdomen, easily classified as the rash of *purpura hæmorrhagica*. The child has not appeared quite well for the previous two or three weeks but was not regarded as ill until the purple spots appeared. There are few peculiar features about the case. No rise of temperature, tongue is slightly coated, she moves about the room freely, though somewhat languidly, her attitude is natural and there is no history of traumatism.

We know that *purpura* is not a disease, but that it may be a symptom of several more or less grave conditions or diseases. It may arise from rheumatism or from a neuritis, or traumatism may cause it. Certain poisons are said to produce it, and it may occur during or after certain fevers, or in the course of Bright's disease, cancer, scurvy or tuberculosis.

In this case painstaking examinations failed at first to reveal its true cause. Remedies were prescribed to meet constitutional and other symptoms, and as it was summer the child was kept much in the open air, mostly wheeled about in her carriage. She gradually grew worse and cared less for play and was irritable and lost appetite. In two months from the time I first saw her œdema of the face and extremities appeared and a daily evening rise of temperature was noticed. All the while the purple eruption continued to come and go in successive crops, and occupied more of the surface than at first. Consultations with other medical men brought no light. At about this time, having frequently examined the spine, I tried one day the hot moist sponge test and it caused pain in the lower dorsal region. I also imagined, and my imagination afterward proved to be well founded, that I could detect a little undue prominence in this region. At any rate the diagnosis of spondylitis was made by me at this time and the proper mechanical treatment was begun.

The application of a nicely fitted Sayre's plaster of Paris jacket was followed by a remarkably rapid subsidence of all the symptoms. In six weeks the eruption had disappeared, not to return, the fever and œdema were gone, the appetite returned, and the child was enjoying out-of-door play. In her frequent encounters with infantile antagonists the jacket appeared to serve as a sort of defensive armor, giving its owner an apparent advantage over her otherwise more nimble opponents.

Improvement was uninterrupted. Re-application of the jacket at intervals of two and three months for a year cured this case with only a slight prominence of two of the dorsal vertebrae to mark the seat of the former lesion.

XXI. PUERPERAL NEURITIS. TRANSLATED BY DR. CORNELIA S. STEITLER. From the review of a thesis by Dr. L. P. Bayle, we select the following:

Puerperal neuritis may be divided into two classes, the

*From the *Journal de Médecine et de Chirurgie* 25, Fevrier, 1897.

general and the local form. Of the latter there are two kinds one of which affects the upper and the other the lower extremities.

The general form of this polyneuritis is especially liable to occur during pregnancy, and the incoercible vomiting that always precedes it seems to act as a cause. It often happens that the prodroma begin during gestation, but the paralysis does not occur until after delivery. The course of the disease is subacute. First there is fever, that is followed by signs of alteration in the peripheral nerves, and subjective signs of deranged sensibility, such as creeping sensations, lancinating pains, the sensation of cold or heat, or pruritus, or of the pricking of needles. There may even be fulgurating pains as in tabes, although they are not often so intense as in sclerosis of the posterior cord.

These disorders of sensation appear not only in the premonitory stage of the affection, but often during the course of the disease or when the patient is convalescing. There is neither rachialgia nor pains about the waist. Soon, however, these vague symptoms are followed by a decided numbness of the extremities. This paretic period is the prelude to the paralysis that characterizes the fully developed disease. All the symptoms are evolved quite rapidly. In a few days the paralysis reaches its height, involving the muscles of the lower and the upper extremities, those of the abdomen, of phonation, and of deglutition. Usually it begins in one after the other of the lower limbs, and then extends to the upper ones. Sometimes, however, the arms and the legs are attacked simultaneously. In the legs it shows a preference for the antero-external region; in the arms, for the extensors of the hand. As a rule it respects the respiratory muscles, and seldom involves the cardiac nerves, which explains the favorable prognosis to which there are few exceptions. Neither the bladder nor the rectum are seriously involved.

While the motor troubles are so pronounced those of general sensibility are slight, and consist chiefly of local anaesthesia, especially of the pharynx and the veil of the palate.

A curious condition (Korschowsky) is the peculiar change that often occurs in the mental state, and which constitutes a polyneuritis that is psychotic, which, while it may happen in other forms of neuritis arising from internal causes, appears to be more common in the general

type of puerperal neuritis. In the onset these symptoms can hardly fail to be recognized by those who are about the patient. She becomes whimsical, irritable, uneasy, or she will not be left alone, frets, is frightened at her condition and has gloomy forebodings. At other times she falls into a sort of apathy or torpor from which it is difficult to arouse her. These troubles increase until during the night she is a prey to a violent delirium with strange hallucinations; she screams, threatens and weeps. In the morning she is calm, and if you ask her the next day why she made such a row she is surprised and will not believe that there was a "scene."

Sometimes the hallucinations persist all day and become permanent. The patient does not know where she is, and believes herself at home when she is at the hospital. The memory fails and perception may be entirely lost. This amnesia is the only mental trouble present, and it almost always concerns events that have transpired since the onset of the attack, while the recollection of old facts is preserved and sometimes exaggerated. In this way the remembrance of old and unimportant details is vivid, while the more recent ones will have been forgotten.

These psychic troubles which supervene in a long course of puerperal neuritis may continue for quite awhile, but they disappear before the motor and sensory symptoms are gone.

The general form of this disease when fully developed has a slow course. Several months are necessary in the most favorable cases, and even years may pass before a complete cure has been effected. There may be a relapse of the paralysis at any time during convalescence; and being a motor neuritis, the sensory symptoms are the first to leave, while those of motion improve more slowly. As a rule, the prognosis is favorable; but four cases out of eighteen ended in death.

The localized form is not always quite distinct from the general. It seems most often to depend upon a puerperal infection, and it may involve either the upper or the lower limbs. In the first case the disease may attack only one arm, or it may seize both at the same time. The infectious agent is most likely to affect the median and the cubital nerves. The premonitory symptoms follow a high temperature, which comes some days after delivery. There are subjective disorders of sensibility, prickings, burnings and light cramping or fulgurating pains. The

sensibility is exaggerated, and if the trunks of the median or cubital nerves are pressed upon there is acute pain; then follows paralysis which is usually limited to the terminal branches of the same nerve, whence it extends to all the muscles of the palmar region of the hand, which takes the appearance described by Duchenne as the *monkey's hand*.

The atrophy and the paralysis involve all the muscles of the palmar region of the hand; the thenar and the hypothenar eminences are flattened and disappear. The hand becomes fleshless, and is so completely powerless that eating and drinking are impossible without help. Where the paralysis is less marked and the lesion not so profound, the patient may use the hand to hold a fork or a spoon, but is unable to perform any such act as sewing without the greatest possible effort.

The paralysis is not always limited to the muscles of the hand, for the muscles of the forearm, especially those supplied by the cubital nerve may be involved in some cases. It may reach the shoulder, the deltoid, the superior and inferior spinous and the triceps. There have even been cases in which the neuritis involved the brachial plexus. The disorders of sensibility are those of anæsthesia which is more or less marked.

The course of the disease is usually very slow, occasionally it is cured in six or eight weeks, but more often it persists for from eight months to two years. The disorders of sensation are always the first to disappear, the paralysis improving afterward. As in the general form of this complaint the neuritis is mixed, but the motor troubles are most decided and pronounced.

The paralysis of the inferior type is peculiar in that it is often confounded for a long time with paralytic symptoms that are caused by the passage of a child's head through the pelvis. There certainly are cases of puerperal paraplegia which are of traumatic origin; but we should not attribute all of the paralyzes of the lying-in to one cause. There are other cases of a similar kind that are special when the paraplegia arises from neuritis from an internal source. In the latter, either slight or serious, septicæmia precedes the nervous affection, but the febrile reaction is lacking in traumatic paraplegia. The prodroma of this kind follow a contusion and supervene upon labor more speedily than in the infectious form. In some cases it may appear a few hours after delivery with pains

along the sciatic nerve and cramps that are due to direct compression. It almost always happens between the first and the third day, rarely at a later period, while the other form may come very much farther on. In both forms, however, the paralysis extends to the muscles supplied by the external popliteal nerve.

The similar location of the two affections is a source of diagnostic difficulty, but in traumatic neuritis we most often find, independently of symptoms that are due to inflammation of the sciatic nerve, pains that radiate along the course of the superior nerve of the buttocks, which is derived from the trunk of the lumbo-sacral, and supplies the muscles of the middle and the superior thigh and the tensor of the fascia lata. Sensitive and motor troubles of this superior gluteal nerve usually signify a radical and not a peripheral lesion.

The initial period of puerperal paraplegia corresponds to that of neuritis in the median and cubital nerves. There is first a febrile reaction with a septicemic stamp, and then creepings, cramps, burning and pricking sensations. Muscular weakness follows and the paresis goes on day by day until it ends in complete paralysis. The patient cannot stand, she must lie down and when she is lying cannot lift her foot above the level of her bed. As with the superior type of puerperal neuritis, both members may be attacked or only one. When both are seized it is common to find that one is more seriously affected than the other.

In some months most cases show signs of improvement. Exceptionally the trouble persists for years, with deformity and forced positions that render walking difficult.

Finally whatever may be the form of this polyneuritis, it is due to an infection that is either slight or severe, but it seems always to be most serious when it follows intractable vomiting. M. Vinay recommends the use of ergotin either hypodermically or by the rectum in the early stages of the disease, but it is not adapted for old cases or for long continued use.

XXII. PRESENTATION OF A RARE SPECIMEN. BY DR. G. F. SHEARS. Dr. Shears gave a verbal report of a rare case of epilepsy upon which he recently operated and showed an iron screw that he had removed from the brain of his patient. Thus far there had been no recurrence of the fits,

the wound had healed kindly and the probability of permanent relief seemed to be good. Full particulars were promised to the Society.

THE APPOINTMENT OF DR. WARREN E. TAYLOR AS SUPERINTENDENT OF THE NEW INSANE ASYLUM.—Dr. Ludlam gave notice of the appointment of Dr. Taylor, an honored member of this Society, an alumnus of the "Old Hahnemann," and a loyal colleague in its present faculty, to this post of honor and usefulness. In so doing he paid a merited tribute to the band of faithful workers who had availed themselves of Dr. Taylor's recognized ability and influence to secure a representation of Homœopathy in the new asylum. This is the fifth insane hospital among the States to concede our just rights and the rights of the people to have this mode of treatment for those who are unfortunately bereft of their reason. Dr. Ludlam moved the adoption of the following resolutions, which were seconded in a telling speech by Dr. Crawford, and then voted unanimously :

WHEREAS, it has come to our knowledge that our excellent colleague and friend, Dr. Warren E. Taylor, of Monmouth, has been appointed to the position of superintendent of the Western Illinois Asylum for the Insane, located at Rock Island;

WHEREAS, this important position was not sought for by Dr. Taylor on his own account, but came to him without the asking, and as the result of his own fitness and of the faithful work of the friends of the cause in and out of Chicago;

WHEREAS, we believe him to be peculiarly adapted to the post, competent, capable, and honestly disposed to do his whole duty in the premises; and

WHEREAS, this appointment is a just and righteous recognition by this Commonwealth of the claims and merits of Homœopathy in the treatment of the insane; therefore be it

Resolved, that our earnest and sincere thanks are due, and are hereby tendered, to His Excellency, Gov. Tanner, and the Honorable Board of Trustees, for having decided to place the said institution under Homœopathic management and control, as well as for their most excellent choice of a presiding medical officer; and be it also

Resolved, that individually and collectively we will agree to do our utmost to uphold and sustain Dr. Taylor in his efforts to bring the blessings of this humane and successful method of medical practice to the relief and cure of his insane patients, and to the unqualified approval of the public at large.

ACTION REGARDING THE DEATH OF PROF. W. A. DUNN.—
Dr. A. K. Crawford presented the following memorial :

The Clinical Society of the Hahnemann Hospital desires to record the sorrow as well as the shock it experienced upon learning of the death of their fellow-member, Dr. Wesley A. Dunn, while he was traveling abroad.

That he was still so young a man, that his success in medicine was so amply assured, that his prospects could not have been more bright, and that life sped from him while so far from his home, make the circumstance of his demise more than commonly distressing.

Dr. Dunn has served both as Secretary and President of this Society and has held continuously for many years past high positions in other local as well as in our State and National medical bodies. In these various capacities his work has been conducted with untiring energy, ability and good will, greatly to the credit of himself and to the eminent satisfaction of those with whom he was allied.

His genial temperament, his enthusiasm, his generosity toward his fellow-practitioners, as well as the excellent work which he did in the special line to which he was devoted, will make his absence from our gatherings a matter of sad regret.

The Clinical Society of the Hahnemann Hospital, therefore, wishes to express to the bereaved wife and family its keen sense of the loss it has sustained through the death of Wesley A. Dunn, M. D., and to express likewise its hearty appreciation of the devotion and services tendered by Mr. Frank K. Dunn to our friend and comrade in his last illness.



WESLEY A. DUNN, M.D., LATE SENIOR PROFESSOR OF DISEASES OF
THE NOSE AND THROAT IN THE HAHNEMANN MEDICAL
COLLEGE AND HOSPITAL, CHICAGO.





Editorial.

IN MEMORIAM.—The death of Prof. Wesley A. Dunn, which occurred at Naples, Italy, March 20, brought un-mixed sadness to his good wife and family and to his many friends in and out of the Faculty. Not only because of the position and the influence to which he had already attained, but also because of what seemed in store for him and for us in the future, the loss to the profession is a great one. His youthful energy, his enterprise, his tact and abounding good humor, his skill and success as an operator and teacher, his ability and disposition to make friends for our college and hospital, his magnetic qualities with our pupils, and his magnanimous nature through and through made him a rare type of colleague and physician. With the proper training, experience and repose, there was enough good stock in him to have made half a dozen ordinary doctors; and the pity of it is that without any other bad habits he was so prodigal of his own energy through a ceaseless, nervous unrest, and through wasting it on others, as not to have lived out half his days. If his activity and ambition had been regulated and distributed more evenly and wisely, it is quite possible that we should not now be called upon to part with our friend, and his dear little children would not have been left without a father.

This reflection may sound harshly, but it carries with it a hint and a warning to those rare and energetic physicians who are so absorbed in the work and worry of an arduous profession as to forget, or to ignore, the claims of their own bodily and personal health and welfare. For health is a precious legacy *to ourselves as well as to our patients*, and we ought to take good care of it.

Appropriate resolutions of respect and condolence were adopted by the college and hospital authorities, the Clinical Society (page 208), and by the various organizations

and clubs of which Dr. Dunn was in every good sense an active and useful member. The funeral occurred April 6, at his old home in Marion, Ind.

CONSERVATIVE GYNÆCOLOGICAL SURGERY.—As proof that the students in our college and hospital are not given a roving commission to cut and slash as they please, regardless of consequences, especially in gynæcological surgery, we take the liberty to publish herewith a few of the written answers given by the recent graduates to the question: "What is conservative gynæcological surgery?"

"Conservative gynæcological surgery is common sense and honor applied to the practice of the surgical diseases of women; and a physician who practices conservative gynæcology is one who does not advise an operation for the benefit of himself, his class, or any one under heaven but the patient."
A. H.

"As I understand it, conservative gynæcological surgery means to be able to resist the temptation of operating upon everything and every one, and to confine yourself to those which are *absolutely* necessary after other means have failed. Being sure of your diagnosis, have everything aseptic. Take good care of the patient before and after the operation."
C. S. B.

"Conservative gynæcological surgery involves in the first place, rational diagnosis; a correct understanding of the relation of pelvic anatomy, physiology and disease to those of the general body; the relation of pelvic troubles to the psychical functions of the woman; the remembering that operations need not be performed when medical aid will do as well with less danger to the patient, not forgetting that unnecessary delay in operating is not a definition of gynæcological surgery."
F. A. B.

"Conservative gynæcological surgery is surgery practiced in behalf of the patient, not for the honor of the surgeon simply, nor to satisfy his desire for a brilliant surgical reputation, nor for greed of gain. The conservative surgeon believes and practices the Golden Rule, weighs in the balance the pros and cons and acts as conscience dictates. He does not necessarily wait until an operation is the last resort, but knows when to operate, as well as where and how for the best interests of the woman."
C. M.

Commencement Exercises.

OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL.—
SESSION 1896-97.

The Thirty-seventh Annual Commencement Exercises of the "Old Hahnemann" were held in the Grand Opera House, Chicago, at 2:30 P. M., of Thursday, March 27, 1897. The day was bright and glorious, the audience larger and more enthusiastic than usual, the music charming, and the program in charge of Prof. Halbert in every way delightful and enjoyable.

ADDRESS BY THE DEAN OF THE FACULTY.

PROF. C. H. VILAS, M. D.

Mr. President, Ladies and Gentlemen:—

During the scholastic year just closed, much has occurred to encourage the friends of our cause and medical education. From unexpected sources we have received aid, and new ways for the employment of our resources have been opened.

But a short time having elapsed since we completed our new college and hospital buildings with modern appointments, few changes have been necessary. Our college equipment has been increased, however, and such improvements made in the hospital as to render it fully able to meet the increased demand upon it. All space has been made available, the service improved, and a more thorough discipline maintained throughout the hospital, dispensary and clinics.

In addition to material assistance from those who have remembered us before, we have been favored especially by those ladies who have formed the federation of circles for

hospital aid. Their assistance has greatly contributed to our success, while their active sympathy has lightened the heavy labors of the attending staff, and brightened the lives of many unfortunates.

The training school for nurses in connection with the hospital, has continued on the plans outlined, and furnished a superior education to candidates carefully chosen for their responsible duties. Nurses sent out from our hospital have everywhere received the recognition suitable to the careful training given them.

To the alumni of the institution we are again indebted for cordial support, and a recognition of our improved advantages. Cases of a difficult nature sent in by them have enabled our teachers to present the varying phases of injury and disease in a manner effective for the good of others as well as of the immediate sufferer.

The number of students coming to our institution for the completion of an education partially gained in schools less well equipped, and of those drawn here by the reputation of our faculty and our unusual clinical advantages, is constantly increasing. Added to those who made a correct choice at the outset, and those who seek post-graduate instruction, our classes maintain their size notwithstanding our standard is higher than required of schools in other States. The extension of our curriculum to four years of college attendance and accompanying hospital drill, while not as yet met by all institutions, has tended to benefit humanity, and to increase the chances for individual success of each candidate fortunate enough to complete the course.

It is therefore that the faculty of the college is enabled to present a class better fitted for the endorsement of its teaching than any which has gone before. This it confidently does; and looks to those who carry away this high commendation to see that they so bear themselves as to confirm the assertion, and write their names on the scroll of successful graduates.

The registrar will call the roll of the class of '97, each

member of which takes with the diploma so eagerly sought, the good will of those, who so long instructors, now welcome their former pupils to the test of fitness, and wish them that success which should attend on all graduates of Old Hahnemann !

THE ANNUAL REPORT OF THE REGISTRAR.

BY PROF. JOSEPH PETTEE COBB.

Mr. President and Gentlemen of the Honorable Board of Trustees :—

By order of the faculty of the Hahnemann Medical College and Hospital, it becomes my pleasant duty to present you the thirty-seventh annual report of this institution, and to recommend to your favorable consideration these applicants for the degree of doctor of medicine.

During the session just completed there have been enrolled as matriculates 228; 78 have been members of the fourth-year class, of whom 73 are recommended for graduation. Each and every one of these candidates has completed the full legal requirements of the State of Illinois and of the American Institute of Homœopathy. They have pursued the study of medicine for four years or more; they have attended three or more full courses of lectures; they have had two years of hospital instruction; and they have been thoroughly drilled in the elements of the allied sciences.

The curriculum for this, their last year, included eighteen didactic lectures, twelve general clinics, twenty-nine dispensary sub-clinics, and an average of twenty-two operative hospital clinics each and every week of the entire six months' session. The total number of patients presented to this class for examination, study and treatment during this single course in these various clinics has been 10,368. Three times they have submitted to a searching annual examination with credit to themselves.

I have the pleasure of requesting the following named students to take the place assigned them on this platform,

that they may receive from your hands, Mr. President, their coveted and merited degree of doctor of medicine and surgery.

LIST OF GRADUATES.

SESSION OF 1896-1897.

ARNULPHY, BERNARD S., M. D.,	Illinois.
ALLEN, ANNA MAY,	Iowa.
BANNISTER, ROBERT L.,	Indiana.
BARTLETT, FRED A.,	Illinois.
BAUDER, CLARA S.,	Illinois.
BECKWITH, HENRY M.,	Illinois.
BEERS, LILA ELIZA, A. B.,	Illinois.
BENTLEY, HERBERT MOTT, B. S.,	New York.
BLACKMARR, FRANK HAMLIN, B. S.,	New York.
BLYTHE, JENNIE VOORHEES,	Colorado.
BONNELL, MARTHA A.,	Indiana.
BONNEWITZ, ORLANDO R.,	Ohio.
BROOKS, EVERETT HAYDEN,	Wisconsin.
BROWN, E. V. L.,	Illinois.
CARR, E. ARTHUR,	Nebraska.
CHAMBERLAIN, SARAH J., B. S.,	New York.
CHRISTIE-CHANDLER, JEAN ALICE, A. B.,	Washington.
CHRISTENSEN, AXEL HERLUF,	Wisconsin.
CLARK, MARTHA E.,	Nebraska.
COLES, MARGARET EMMA,	New York.
DAHL, GERHARD AUGUSTIN, A. B.,	Nebraska.
DAVE, HARRIETTE H.,	Illinois.
DAWLEY, BYRON W., A. B., M. D.,	Ohio.
DENMAN, IRA O.,	Illinois.
DICKINSON, ALMER EDWIN,	California.
DWIGHT, CORYDON G.,	Illinois.
GREY, MARGARET,	Illinois.
GORDON, MARY J.,	Illinois.
HALL, GEORGE GUY,	Massachusetts.
HALL, FLORENCE GOFF,	Illinois.
HAMILTON, ANGELINA GRINKE,	Michigan.
HAYES, CLAUDE FRANK,	Illinois.

HEWETSON, JOHN W., M. A., . . .	Illinois.
HILL, GEORGE MORTIMER, . . .	California.
HOLTZ, HENRY M., . . .	Wisconsin.
HOMER, FRANK WILLIAM, . . .	Wisconsin.
HOPPER, GEORGE H., . . .	Indiana.
HOTZ, WILHELM, . . .	Germany.
HOW, JOHN TABLER, . . .	Indiana.
HOWARD, IRWIN PROCTOR, . . .	Iowa.
HOWERTH, MRS. CORA OLIVE, . . .	Illinois.
HOWES, CAROLINE, . . .	Illinois.
IRVING, WALTER W., . . .	Wisconsin.
JOHNSON, MRS. EDNA LUCY, . . .	Kentucky.
KENDALL, RICHARD L., . . .	Illinois.
LEFFINGWELL, MARY WRIGHT, . . .	Massachusetts.
LOGUE, PAUL T., . . .	Iowa.
MABIE, CATHARINE L. ROE, . . .	Illinois.
MADDOX, ORIEN ERLE, . . .	Indiana.
MACMASTER, FREDERIC H. D., . . .	New York.
MCCARTNEY, JOHNSON N., . . .	Iowa.
MCGEE, WILLIAM GRANT, . . .	Ohio.
METCALF, FRANK ARNOLD, . . .	Iowa.
OSBORNE, JAMES AMBROSE, . . .	Pennsylvania.
PHELPS, CHARLES R., . . .	Iowa.
PHILLIPS, JESSE H., . . .	Iowa.
POMPE, A. A., . . .	Michigan.
POWERS, VIOLET S., . . .	Illinois.
PUTNAM, CLARENCE S., M. D., <i>ad eundem</i>	North Dakota.
ROSS, AGNES, . . .	Iowa.
SAX, ARTHUR OREATUS, . . .	Kansas.
SHAW, ERWIN E., M. D., . . .	Missouri.
SICKLES, EDWARD ALLEN, . . .	Illinois.
SMITH, GEORGE THOMAS, . . .	Illinois.
SMALL, CHARLES KENDALL, M. D. <i>ad eundem</i>	California.
SOULE, FRANCIS JUSTUS, . . .	Illinois.
STRAWN, JULIA CLARK, . . .	Illinois.
TAYLOR, EDWARD BENJAMIN, . . .	Wisconsin.
WHITE, CHARLES A., . . .	Indiana.
WILKINS, DAVID W., . . .	Illinois.

WOOD, HIRAM D., JR.,	.	.	.	Minnesota.
WOODARD, HERBERT B.,	.	.	.	Wisconsin.
WOODWORTH, GERTRUDE H.,	.	.	.	Iowa.

THE CONFERRING OF THE DEGREE.

By PROF. R. LUDLAM, M. D., PRESIDENT.

When the members of the Graduating Class had come upon the stage in two sections as their names were called by the Registrar, the President said:

Ladies and Gentlemen of the Graduating Class:—Forty-two years ago the legislature of this commonwealth granted a charter to the Hahnemann Medical College of Chicago. By that special act of legislation the Board of Trustees of this College was authorized to establish and to conduct a school for the education of medical students, and for their regular induction into the profession when they had proved themselves fit and deserving. That school has long been in active operation, and now, after a final and plenary examination you are unanimously recommended by its Faculty as worthy of its highest honors.

Therefore, by virtue of this authority and in conformity with this advice from its teaching corps, I hereby confer upon each and all of you the Degree of Doctor in Medicine and Surgery, with all the rights, immunities and privileges thereunto belonging.

THE ADDRESS TO THE GRADUATING CLASS.

By REV. DR. FRANK CRANE.

[The Valedictory to the Class was a sparkling and spirited address upon "The Things of Life that Help to Make the Man," but its having been delivered *extempore* precludes the possibility of its publication. EDITOR.]

THE PRESENTATION OF THE PRIZES.

By PROF. C. H. VILAS, M. D.

The Trustees' prize of \$50, offered for the best general examination for the entire course is awarded to Dr. George T. Smith, of Illinois.

The Faculty prize of \$25, offered for the second best general examinations for the entire course is awarded to Dr. Agnes Ross, of Iowa.

Honorable mention for excellence in work and examinations is also made of Drs. Fred A. Bartlett, of Illinois; Jean A. Christie-Chandler, of Washington; Frank Hamlin Blackmarr, of New York; George Mortimer Hill, of California; Caroline Howes, of Illinois; Orien Erle Maddox, of Indiana; Arthur O. Sax, of Kansas.

The following appointments for Internes in the Hahnemann Hospital are announced:

To go on duty April 1, 1897, Surgeon, Dr. Everett V. Brooks; Physician, Dr. Julia C. Strawn.

To go on duty October 1, 1897, Surgeon, Dr. E. A. Sickles; Physician, Dr. H. B. Woodard.

Alternates—Dr. Walter W. Irving and Dr. Frank A. Metcalf.

THE RECEPTION AND BANQUET.

The usual reception and banquet given by the faculty and the alumni was held in the evening at the Auditorium hotel and was a really brilliant and enjoyable occasion. The beautiful banquet hall was filled with the graduates, trustees, friends of the institution, and members of the profession from out of town; the music was charming, and the songs by the Hahnemann Quartette, consisting of Drs. Putnam, Blackmarr, Brooks and Miller, were jolly and enjoyable to the last degree. Prof. Vilas conducted the speech-making so that all were delighted and nobody was wearied with the after-dinner "efforts" that are usual on such occasions. Dr. C. H. Cogswell, of Cedar Rapids, Iowa ('66), and Dr. W. E. Taylor, of Monmouth, Ill. ('77), spoke for the older alumni. The addresses from the Graduating Class were so well rendered and so thoroughly appreciated that the following extracts are certain to interest our readers. The first of them was by JOHN WALLACE HEWETSON, M. D., who said:

Mr. President, Ladies, Gentlemen, and Fellow-classmates of '97:
—If there is one day more than another in the life of a student, when he feels as if the world were at his feet, it is the day of graduation. Conscious of his strength, he is anxious to try his powers of flight and is willing to expose his wings, as yet of a somewhat wary consistency, to the full glare of the midday sun. Our studies together for the past three years, my fellow-classmates, have not been without their reward. We have come to know each other, to appreciate each other's good

points, and, I trust, to forgive each other's weakness. The tables have now been turned upon us. Yesterday we played the triumphant rôle of the critic; to-day we are the criticised. We have a great work before us—the work of the noblest profession of them all. Progress must ever be our watchword. We must strive to avoid, as far as possible, mere routine, for routine invariably means stagnation. One of the dangers of our profession is that the physician is apt to allow himself to drift into some narrow little rut of his own. The trick lies in getting out. I believe that the greatest misfortune that could befall any one of us is the inertia of stagnation. In plain English, my fellow-classmates, a post-graduate course is absolutely imperative for each of us. We have the reputation of a great profession to maintain. Let us see to it that while no worthy person is denied the privileges of the medical profession, at the same time no unworthy person is admitted to our ranks.

In future practice we cannot all hope for an equal measure of success. The inequalities of life forbid that possibility. Some no doubt will have the good fortune to control lucrative practices in the fashionable quarter of one of our larger cities. But these at the best will be few. The majority of us must content ourselves with less pretentious work in the country districts. Even that has its good side. The reward of that, in part at least, will come when some good honest farmer raises his head from the pillow in the dead of night at the sound of the passing wheels of the village doctor, to wish him in his heart "God speed."

Of the college we call our alma mater we shall retain only the fondest memories. She shall be to us as a lighthouse, a beacon in the darkness, when we are tossed about amid the crudities of heroic doses and the mysteries of high potencies. And when, after the lapse of many years, our visions of Hahnemann shall begin to grow dim in the long vistas of time, let us have at least this joyous reflection that the same noble qualities which characterize her clinics now, will distinguish them also then; that there still abideth the faith, the hope, the charity, these three, the greatest of which is charity.

To the men who have from time to time appeared before us as instructors, often at great personal sacrifice and inconvenience, our grateful thanks are due. They have labored faithfully under conditions the difficulty of which we as students could not appreciate. They have warned us of the many, many discouragements of a doctor's life; they have cheered us with its successes. They have given to us no small share of the busy hours of private practice, and during those three years at least have not heard one of them even hint that the work was in any way irksome or uncongenial. I firmly believe that the one dearest wish of those men to-night is that the students who now leave them conduct themselves with honor, with credit to the college, and not unmindful of the immortal name after which it was founded.

The women in the Graduating Class were ably represented by *JEAN A. CHRISTIE-CHANDLER, M. D.*, who spoke as follows:

Mr. President, Ladies and Gentlemen:—It is with more than the ordinary reluctance of the typical after-dinner speaker that I rise to address you, for although "Old Hahnemann" has made many innovations of late in her curriculum, and we are proud of the number and range of subjects therein contained—yet there remains one important chair unfilled—the chair of Oratory and Commencement Eloquence.

Indeed, the whole force and trend of our medical training has been

toward learning to hold our peace—always a difficult task for our side of the class, you know—and that we have become adepts in the art of sitting upon the benches and there preserving a contemplative silence, any of the luckless gentlemen who have “quizzed” us in the past few weeks will testify.

However, now that the “late unpleasantness” is o’er, we feel impelled to express in some slight degree our personal sense of gratitude to the faculty of “Old Hahnemann,” one and all. Standing upon the threshold of a new, unknown career, we realize that this is in truth a commencement for us rather than an ending—a commencement of the anxieties, responsibilities and toil of the most arduous, yet withal most fascinating and glorious of all professions, that of medicine. For this great undertaking our preparation, our armament, must needs be extensive and varied. And for such weapons as we possess we are indebted to you who have come day by day to give us from your rich stores of clinical experience and observation or to guide and direct the development of our faculties. Moreover, this training has not been by didactic lecture or text-book alone, but by the true clinical method of all liberal education: *educere*, to draw forth from the mind of the pupil rather than to put in by the hand of the master. The modern dictum that all education is thus an evolution from within, as the derivation of the word plainly shows, is happily illustrated by the growth of the clinical idea in medical education. The clinic—the clinical lecturer—fosters the tendency to original personal investigation; and upon original investigation combined with experimentation rests the whole structure not only of medical, but of all the modern sciences. Furthermore, to this reciprocity of interests has been added the gracious personal influence that has always flowed from every true teacher even as in the days when Plato and Socrates *talked with* their disciples.

So while we feel we are but timid and humble initiates in this noble work, still like the Pharisee of old, who was after all so very human, we may count our advantages and give thanks that we are what we are. In looking back over our course, three prominent white lines, or guiding symptoms, if you will, seem to mark the breadth of our alma mater’s precept and example and constitute each a distinct cause for congratulation. First, then, we are glad we are *Protestants* in medicine, as one of your number has well said. Ours be it to stand among the chosen few in every century that have clamored for “Mehr Licht” and having found, followed steadfastly that light. But to this, let it be added that we rejoice we go forth from a school of *rational* homœopathy; that we are liberal enough not to disdain any means or adjuvants in relieving humanity’s woes; and that we may use the drug principle from mother tincture through all potencies—even unto space of four dimensions and ether resolved into vibration pure and simple—and still be homœopaths. The law, if law, must be universal; and the practice of homœopathy is the practice of common sense.

It has often been asserted that surgery is neglected by our school. The class of '97 has no reason, so to think, after the expositions of technical skill and logical analyses of principles that have never been given to us. Nevertheless, while appreciating all the brilliant triumphs of modern surgery and its own peculiar worth and place, our Nestor (who, by the way, like his Hellenic prototype, is the prince of story tellers) has not failed to impress upon us that rational surgery, like rational materia medica, is that which conserves the best interests of the patient always.

And lastly we should be grateful that we have been taught that medicine is not a closed book, but a living entity possessing powers of future growth and development; that greater heights await attainment,

that the open receptive mind as well as the calm philosophic judgment should mark our attitude.

"The highest mounted mind still sees the sunrise spread. The sacred summits overhead." And if we hope to follow the teachings and injunctions laid upon us, we must be medical *students* now and forever.

Perhaps it is expected we should say something about women in medicine. From time to time rumors have reached us that there are various theories abroad in the land concerning this question. But ever since we began our medical course our time has been so fully occupied with medicine that we have not considered theories. Doubtless during the first six months in our offices we will all have time to formulate many theories; and perchance refute them. It is our belief, modestly urged, that there is a place for women in medicine, and with this creed we may go forth serene in the knowledge that if there is, not all the theories of sociologists, economists and fin-de-siècle agitators can effect our work well done, and if there is not in the struggle for existence Nature in her silent way will solve the problem by differentiation of higher types, and the woman medico will go down to cosmic dust along with the "cheerful Pterydactyl" and other forgotten and discarded types in the endless chain of being.

Fellow students, we have been associated through these years of pleasant study and have had many experiences that perchance it may be pleasing to recall. Like most vigorous children, we were troublesome in our infancy, but as we waxed great and noisy our demands were met in such generous, helpful spirit that with maturity came reason. Our conflicts indeed have been many and such as would put to shame the battle of the leucocytes, and beside which the process of phagocytosis would appear but a spiritless dream. But who shall say that is not a healthy organism in which these elements of discord exist, and whose strife leads us everywhere throughout Nature to self-preservation and growth? But now let us part the best of friends, knitted by one common bond of love of humanity and pride in our profession. "*Homo sum; nihil humani alienum.*" "I am a human being; therefore everything that concerns humanity is of interest to me."

In conclusion let us wish you all health and a goodly degree of that true success which lies in the self-consciousness of work well done.

"The sum of all wisdom," says Emerson, "is that the time is never lost that is devoted to work." Believe that "if you are here the authorities of the universe put you here and for cause, or with some task strictly appointed you in your constitution, and so long as you work at that you are well and successful."

THE ALUMNI ASSOCIATION.

The fourteenth annual meeting of the Alumni Association of the Hahnemann Medical College and Hospital of Chicago was held at the College, Wednesday evening, March 24, 1897. In the absence of the President, Dr. Joseph P. Cobb, First Vice President took the chair.

New Members.—The routine business being disposed of, the following new members, forty-four in all, were duly elected: Drs. F. W. Homer, F. H. Blackmarr, F. A. Bartlett, Mrs. G. Woodworth, C. G. Dwight, J. N.

McCartney, J. A. Chandler, J. T. How, Florence Hall, E. H. Brooks, Agnes Ross, H. B. Woodard, C. A. White, Martha E. Clark, H. M. Beckwith, G. G. Hall, Julia C. Strawn, S. Jennie Chamberlain, W. W. Irving, Harriet H. Davis, B. W. Dawley, Lila E. Beers, F. A. Metcalf, W. G. McGee, Geo. T. Smith, G. M. Hill, R. L. Kendall, F. J. Saule, E. A. Carr, L. A. Shultz, C. E. Nystrum, Annie W. Spencer, Hannah J. Payne, A. O. Sax, H. M. Holtz, A. G. Hamilton, Cora Howarth, J. Martin Clark, Edna Johnson, F. C. Barker, A. H. Christensen, C. S. Putnam, C. V. L. Brown and Claude F. Hayes.

A very pleasant conference meeting followed in which brief addresses were made by Drs. E. S. Bailey, Katherine B. Clapp, A. C. Halphide, Frederica Baker and Clara A. Hendy, of Chicago, and Dr. O. A. Palmer, of Warren, Ohio, as well as by some members of the College Faculty, which was out in greater force and showed more interest in the society than ever before.

The meeting then adjourned to an upper room, where a luncheon was served and the members to the number of seventy-five spent a very pleasant two hours in a social reunion. Some of the older, as well as of the younger members present remarked that this was the most successful alumni meeting that they had ever attended and promised to be with us upon all similar occasions in the future.

Officers Elect for 1897-98.—The officers elected for the ensuing year were: Drs. C. E. Colwell, of Aurora, Ill., President; E. M. Bruce, of Chicago, First Vice President; Hannah J. Payne, of Chicago, Second Vice President; F. H. Honberger, Secretary; Katherine B. Clapp, Treasurer; H. V. Halbert, Necrologist; Executive Committee, Drs. J. P. Cobb, Cornelia S. Stettler and C. J. Swan.

The Necrologist's Report, presented by Dr. J. P. Cobb, gave many interesting facts and details, all of which will be preserved, concerning the life-work of twelve members of the Association who had died during the year. The following is a list of those named, and who merit our kindly remembrance: Drs. George L. Chapman, '69; T. M. Martin, '75; T. J. Patchin, '71; Elmer L. Hutchinson, '72; B. C. Gidman, '81; W. O. Clark, '82; Ann Ervilla Churchill, '86; Alfred J. Maloy, '89; G. I. Johnson, '95; Herbert Bennett, '95; W. B. Roe, '96; and W. A. Dunn, '81.

Clinical Reviews.

All books for review, magazines, exchanges, correspondence and articles designed for publication in this journal should henceforth be sent to Dr. R. Ludlam, Editor, 1823 Michigan Avenue, Chicago.

A HANDBOOK OF THE DISEASES OF THE EYE AND THEIR TREATMENT. BY HENRY R. SWANZY, of Dublin. P. Blakiston, Son & Co. Philadelphia. 1897.

The sixth edition of this work is out, and will find a ready sale. The author places the subject concisely and pleasantly before his readers, and in a manner that will command their interest, while the various diseases are not treated as exhaustively as the specialist will demand, a general knowledge is imparted, and the main points emphasized.

The publishers have done their part well, and produced a neat, convenient volume.

The book is recommended to practitioners and students as one from which a good idea of the various diseases may be obtained, with their old-school treatment.

C. H. VILAS.

LEPROSY AND THE CHARITY OF THE CHURCH. By the REV. L. W. MULHANE. Chicago—New York: D. H. McBride & Co.

Although the author of this very interesting book is not a physician he does well to dedicate it to his friends of the medical fraternity; for there is no kind-hearted, Christian member of our cloth but would be glad to read it and to profit by it. Part I. is divided into chapters on leprosy in ancient times; do. in the middle ages; in our day; in the United States; in Louisiana; its different forms, how contracted and how cured; and the discussion thereof in the Pan-American Congress. Part II. treats of the care of lepers in the Sandwich Islands, the Trinidad leper colony, Canada and Iceland, Japan, Madagascar, South America, India and Louisiana. The narrative is thrilling and often touching to a degree, and there are some very striking il-

lustrations such as one does not often see. An excellent portrait of Father Damien, the hero of Molokai, who devoted his life to looking after the bodies as well as the souls of hundreds of these poor fellows, is given. When he first reached the island we are told :

He had no church, no house, no purse. He slept for some weeks under a *pandanus* (screw-pine) tree under which his body now rests, within the shadow of his little church, built by his own hands and watched tenderly by his American friend, Joseph B. Dutton. The flowers of the tropics nod their heads above his mortal remains, the booming of the waves of the Pacific as they roll upon the coral reef shore is softened by the prayers of the lepers as they gather in the evening twilight about that little mound, under whose green turf rests the body of one of earth's great heroes, one of God's noble priests.

Other portraits of his helpers and successors also adorn these pages, which speak so eloquently of the compensations of Christian charity under the sun. Because of the coming congress of leprologists in 1897 the book will prove as useful as it is interesting.

PRACTICAL DIAGNOSIS; THE USE OF SYMPTOMS IN THE DIAGNOSIS OF DISEASE. By ROBERT AMORY HARE, M. D., etc., Professor of Therapeutics in Jefferson Medical College, etc., etc. Illustrated with 191 engravings and thirteen colored plates. Philadelphia and New York: Lea Brothers & Co., 1896. pp. 573.

This book presents the best and most available digest of symptoms for diagnostic and clinical purposes with which we are acquainted. Given a symptom, or a sign of disease that deserves consideration it can be found in the index of symptoms, organs, and terms; and when it is found its nosological relations are readily made out by reference to the other index—for there are two of them, the index of diseases. The arrangement is new, practical, aggressive and the book is invaluable.

Miscellaneous Items.

The event of the month is the placing of the new Western Illinois Hospital for the Insane under Homœopathic control, and the appointment of Dr. W. E. Taylor, of Monmouth, as its Superintendent. That hospital is one of the largest of its kind, and is located at Watertown, Rock Island County. (See page 207.)—At the annual meeting of the Faculty of the "Old Hahnemann," April 6, Prof. Vilas was reelected Dean, Prof. Cobb, Secretary, Prof. Bruce, Assistant Treasurer, and the old Executive Committee was chosen for another year.—Professors Crawford, C. Gurnee Fellows, Moth and Swan were a committee to represent the College and Hospital at the funeral of Prof. Dunn.—The two excellent *internes*, Drs. Alice M. B. Brown and Edwin L. Hunter, whose terms expired April 1, left the hospital with the regret and the respect of everybody concerned.—The anniversary of Hahnemann's birthday, April 10, was appropriately celebrated by a rousing reception of the friends of the hospital at the invitation of "the doctors' wives," and the building was in a blaze of light and beauty during the whole happy evening.—The Hahnemann Medical Association of Iowa will meet at Council Bluffs, May 11-14; the Ohio Homœopathic Medical Society, at which the Editor of the CLINIQUE will give the Address, at Akron, May 11-12.—Removals, Drs. Mary Mitchell, from Lyons, Iowa, to Morrison, Ill.; J. P. Hadden, from W. Pullman, Ill., to Baldwin, Iowa; L. C. Fritz, to 21 Ashland Boulevard, city; S. S. Miller, from London, Wis., to Susquehanna Co., Pa.; C. F. Junkerman, from Nelsonville to Lancaster, Ohio; Fred Brown, to 6752 Peoria St., city; and R. H. Wood, from Chicago to Mt. Carroll, Ill.—The budget of papers presented and the discussion before the Clinical Society, published in this issue, are certain to attract the attention of all our earnest readers.—Dr. O. B. Palmer, of Warren, Ohio, goes abroad for professional advantages.—Dr. Edwin J. Cark, '86, is chairman of the Bureau of Gynæcology and Obstetrics for the Colorado Homœopathic Society, which meets in Denver, April 26.